Tracking #	
Applicant Name:	

ADDITIONAL FAMILY MEMBERS

	Name of Adult (First, Middle, Last)	Relationship to Applicant									
		Marital Status (check one) ☐ Married ☐ Never Married ☐ Living Together ☐ Sex ☐ Widowed ☐ Divorced ☐ Separated (Date) ☐ Male ☐ Fe						emale	Birth Date:		
	Employment Status ☐ Full Time ☐ Part Time ☐ Unemployed ☐ Paid Training ☐ Hours per week:	☐ Blind ☐ Deaf ☐ Physical☐ Date of Disability:	-		Pregnant Yes Due Date:				ed in the U.S. Military		
	Home Address (Number and Street)	.	City					Zip Code			
	l l l l l l l l l l l l l l l l l l l		Zip code					,p			
	Mailing Address (If different from above)		City						Zip Code		
	maining / datess (ii dinerent nom above)							ip code			
	(Area Code) Home Phone (Area Code) Work Phone	(Area Code) Message Pho	ne Person	with whor	n to leave a message:	Email	Address:				
		()			Ů.						
	Ethnic Group (Check all that apply) Alaskan Native Am	erican Indian	☐ Asian Indian ☐ Black/African American ☐ Cambodian ☐ Chinese ☐ Filipino								
	☐ Guamanian ☐ Hispanic/Latino ☐ Japanese ☐ Korean I										
	☐ Other Asian or Pacific Islander (Specify):										
	☐ Other (Specify):										
	Primary Language ☐ Armenian ☐ Cambodian ☐ Cantone	se 🗆 English 🗆 Korean 🗆	l Mandarin	□ Snani	sh 🗆 Vietnamese						
	☐ Other (Specify):	ac a English a Rolean a	i wanaanii	— Эрап	311 L Victiminese						
	Name of Adult (First Middle Last)			Relatio	nship to Applicant						
_	2										
₹	Social Security Number	Marital Status (check one)	☐ Married ☐	Never Mar	ried 🗖 Livina Toaether		Sex		Birth Date:		
₹		□ Widowed □ Divorced □ Se			0 0		□ Male □ F	emale			
•	Employment Status	☐ Blind ☐ Deaf ☐ Physical		<u> </u>	Pregnant ☐ Yes [⊐ No		Serve	ed in the U.S. Military		
S	□ Unemployed □ Paid Training □ Hours per week:	Date of Disability:			Due Date:				s □ No		
İ	Home Address (Number and Street)	, , , , , , , , , , , , , , , , , , , ,	City						Zip Code		
ИB	l ,										
<u>∠</u>	Mailing Address (If different from above)		City					Z	Zip Code		
≥											
_	(Area Code) Home Phone (Area Code) Work Phone	(Area Code) Message Pho	ne Person	with whor	vith whom to leave a message: Email Address:						
=	()	()									
Z	Ethnic Group (Check all that apply) ☐ Alaskan Native ☐ Am					n 🗆	Cambodian	□ Ch	inese 🗆 Filipino		
_	☐ Guamanian ☐ Hispanic/Latino ☐ Japanese ☐ Korean ☐			an □ Vie	etnamese White						
Ĭ I	Other Asian or Pacific Islander (Specify): Other (Specify):										
Ι											
5	Primary Language ☐ Armenian ☐ Cambodian ☐ Cantone: ☐ Other (Specify):	se □ English □ Korean □	l Mandarin	□ Spani	sh 🗆 Vietnamese						
	3 Name of Adult (First, Middle, Last)			Relationship to Applicant							
	3										
	Social Security Number	Marital Status (check one)	☐ Married ☐	Never Mar	ried Living Together	-	Sex		Birth Date:		
		☐ Widowed ☐ Divorced ☐ Se	parated (Date)				□ Male □ F	emale			
	Employment Status ☐ Full Time ☐ Part Time	ly Disabled		Pregnant ☐ Yes [□ No		Serve	ed in the U.S. Military			
	☐ Unemployed ☐ Paid Training ☐ Hours per week:	Inemployed 🗆 Paid Training 🗀 Hours per week: 🗖 Date of Disability: Due Date: I							No □ No		
	Home Address (Number and Street)	City Zip Code									
	Mailing Address (If different from above)		City				Z	Zip Code			
	(Area Code) Home Phone (Area Code) Work Phone	ne Person	with whor	n to leave a message:	Fmail	Address:					
	Ethnic Group (Check all that apply) Alaskan Native American Indian Armenian Asian Indian Black/African American Cambodian Chinese Filipino										
	□ Guamanian □ Hispanic/Latino □ Japanese □ Korean □ Laotian □ Native Hawaiian □ Samoan □ Vietnamese □ White										
	☐ Other Asian or Pacific Islander (Specify):		_ 5amo	 VI	samoso 🗖 wille						
	☐ Other (Specify):										
		sa English Varon	l Mandaria	□ Spani	sh 🗆 Viotnamasa						
	Primary Language ☐ Armenian ☐ Cambodian ☐ Cantone: ☐ Other (Specify):	se Li English Li Korean L	ı ıvıandarın	⊔ Spani	sii 🗀 vietnamese						
	□ Other (Specify).										

LIST CHILDREN HERE (Family Members Only)

	4	Child's Name (Fir	st, Middl	e, Last)			Re	Relationship to Applicant								
				In School Grade:			☐ Male ☐ Female			<u> </u>			Pregnant ☐ Yes ☐ No Due Date:			
	Father's Name Is Father: Deceased Incapacitated Mother's Name Absent Unemployed										Is Mother	□ Deceased □ Incapacitated □ Absent □ Unemployed				
	Child living in Home								nanasa 🗆 Kora	ean —	an □ Laotian □ Native Hawaiian □ Samoan □ Vietnamese □ White □ Other (Specify):					
	5	5 Child's Name (First, Middle, Last)								Re	elationship to Appli	cant				
Social Security Number In School Grade:							☐ Male ☐ Female						Pregnant ☐ Yes ☐ No Due Date:			
	Fathe	er's Name		Is Fat	ther: □	I Deceased ☐ Incap I Absent ☐ Unen	eased			Date of Disability: Due Date: Is Mother: □ Deceased □ Incapacitate □ Absent □ Unemployed						
		d living in Home Ethnic Group (Check all that apply) □ Alaskan Native □ American Indian □ □ Chinese □ Filipino □ Guamanian □ Hispanic/Latino □ Japanese □ Ko □ Other Asian or Pacific Islander (Specify):								an	nian □ Asian India □ Laotian □ Nat □ Other (Specify)	ive Hawaiian 🛚 Sa	American ☐ Cambodian moan ☐ Vietnamese ☐ White —			
	6	Child's Name (First, Middle, Last)								Relationship to Applicant						
	Socia	l Security Numbe	r	In School ☐ Yes ☐ No Sex Grade: ☐ Male				Birth Date: e □ Female sed □ Incapacitated Mother's Name					Pregnant □ Yes □ No Due Date: r: □ Deceased □ Incapacitated			
L	Fathe	er's Name		Is Fat	ther:	I Deceased ☐ Incap I Absent ☐ Unen	pacitated nployed	Mother's Nam	ie		Is Mother	□ Deceased □ Incapacitated □ Absent □ Unemployed				
LDR		Child living in Home □ Yes □ No □ Sthnic Group (Check all that apply) □ Alaskan Native □ American India □ Chinese □ Filipino □ Guamanian □ Hispanic/Latino □ Japanese □ Other Asian or Pacific Islander (Specify):								an	nian □ Asian India □ Laotian □ Nat □ Other (Specify)	ive Hawaiian 🛚 Sai	American ☐ Cambodian moan ☐ Vietnamese ☐ White			
S	7	Child's Name (First, Middle, Last)								Re	elationship to Appli	cant				
K2	Social Security Number In School ☐ Ye										☐ Blind ☐ Deaf Date of Disability: _	☐ Physically Disabled	Pregnant ☐ Yes ☐ No Due Date:			
VIDE	Fathe	Father's Name Is Father: Deceased Incapacitated Absent Unemployed Mother's Name									Date of Disability: Due Date: Is Mother: □ Deceased □ Incapacitated □ Absent □ Unemployed					
ME		living in Home s □ No	□ Chine	se 'Ti Filinii	no □G	uamania	☐ Alaskan Native ☐ an ☐ Hispanic/Latin ecify):	n □ lar	nanese 🗆 Kore	an	nian □ Asian India □ Laotian □ Nat □ Other (Specify)	ive Hawaiian 🛚 Sa	American ☐ Cambodian moan ☐ Vietnamese ☐ White			
/IILY	8	Child's Name (Fir	st, Middl	e, Last)						Re	elationship to Appli	cant				
LAI	Socia	l Security Numbe	r	In School Grade:			☐ Male ☐ Female	е	Date:				Pregnant □ Yes □ No Due Date: : □ Deceased □ Incapacitated			
Father's Name Is Father: □ De						l Deceased ☐ Incap l Absent ☐ Unen	pacitated nployed	tated byed Mother's Name Is Mother:				: ☐ Deceased ☐ Incapacitated ☐ Absent ☐ Unemployed				
		living in Home s □ No	☐ Chine		no 🗆 G	uamania	an 🛘 Hispanic/Latin					ive Hawaiian 🛚 Sa	American ☐ Cambodian moan ☐ Vietnamese ☐ White			
	9	Child's Name (First, Middle, Last)								Re	elationship to Appli	cant				
	Socia	I Security Numbe	er	In School Grade:			Sex ☐ Male ☐ Female				☐ Blind ☐ Deaf Date of Disability: _	, ,	Pregnant ☐ Yes ☐ No Due Date:			
Father's Name Is Father: Deceased Incapacitated Mother's Name Is Mother: Deceased Incapacitated Mother's Name Is Mother: Deceased Incapacitated Absent Unemployed Absent Unemployed U																
Child living in Home																
10 Child's Name (First, Middle, Last) Relationship to Applicant																
Social Security Number In School Grade:						Sex ☐ Male ☐ Female				☐ Blind ☐ Deaf Date of Disability: _	, ,	Pregnant				
	Fathe	er's Name			Is Fai		I Deceased □ Incap I Absent □ Unen		Mother's Name	ie		Is Mother	□ Deceased □ Incapacitated □ Absent □ Unemployed			
Child living in Home									American ☐ Cambodian moan ☐ Vietnamese ☐ White							